

**Instructions for Completing “SNS Ordering Form”:**

<b>Line Title:</b>	<b>How to Complete:</b>
<b>Order #</b>	<b>Requestor does not complete</b>
<b>Requesting Organization</b>	<b>Requesting organization’s full and legal name (no acronyms unless such are a component of the requesting organization’s legal name)</b>
<b>Date:</b>	<b>Date request is submitted to the healthcare coalition</b>
<b>Address</b>	<b>Physical address of the requesting organization; if more than one request is submitted per requesting organization, a separate request must be submitted per physical address</b>
<b>Contact Name</b>	<b>Name of requesting organization’s Point of Contact</b>
<b>E-mail</b>	<b>E-mail address of requesting organization’s Point of Contact, must correspond to the Point of Contact Name</b>
<b>Contact Phone</b>	<b>Primary phone number of requesting organization’s Point of Contact</b>
<b>Alternate Phone</b>	<b>Alternate phone number of requesting organization’s Point of Contact</b>
<b>Healthcare Coalition (Select from List)</b>	<b>Choose one according to requesting organization’s geographical location (see healthcare coalition map at <a href="http://www.health.mo.gov/coronavirus">www.health.mo.gov/coronavirus</a> under ‘PPE Resource Request Process’)</b>
<b>State Cache Assets</b>	
<b>Quantity of Units Requested</b>	<b>Specify the number of items being requested by the requesting organization listed under Item Description</b>

<b>Federal SNS Assets</b>	These cells are currently blocked. The state must exhaust our state cache before orders from the federal Strategic National Stockpile (SNS) will be considered. If/when these cells are unblocked and we are submitting requests to the SNS, your facility or organizational will be notified.
<b>Attestation that your primary and secondary vendors have been exhausted and no more than 14-day supply of PPE is being requested</b>	If accurate, initial in the small rectangular box on the left. You will need to print the form to initial and sign.
<b>Please provide supporting information including daily consumption or 'burn' rates and vendor backlog/order delay projections.</b>	Provide daily consumption rates currently and prior to COVID-19 for the items being requested. Provide additional information available from vendors regarding backlog/order delay and the information related to your organization.
<b>Please provide an estimate of the number of days the requested PPE supplies will support.</b>	Provide the anticipated number of days your requested items will support assuming your organization's current consumption rate
<b>Attestation that your organization is not requesting additional resources in order to 'stockpile' supplies</b>	If accurate, initial in the small rectangular box on the left. You will need to print the form to initial and sign.
<b>Attestation that your organization has implemented PPE optimization strategies as described in the noted CDC guidance.</b>	Provide brief statement on PPE optimization strategies that have been implemented in your organization and the date of implementation, if available
<b>Agreement that patients receiving care will not be charged for any supplies or assets received through this state or federal requesting process.</b>	Initial in the small rectangular box on the left. You will need to print the form to initial and sign.
<b>Signature</b>	Signature of an individuals within the requesting organization authorized to sign for the organization. You will need to print the form to initial and sign.
<b>Name</b>	Name of individual who signed the form
<b>Healthcare Coalition Use Only</b>	Requesting organization does not complete